Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **August 16-31**, **2005.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

| APPLICATION FOR | | | | OMB Approval No. 0348-004 |
|--|------------------------------|--|--|--|
| FEDERAL ASSISTA | NCE | 2. DATE SUBMITTED July 26 | 5, 2005 | Applicant Identifier |
| 1. TYPE OF SUBMISSION: | | 3. DATE RECEIVED B | Y STATE | State Application Identifier |
| Application Construction Non-Construction | Preapplication Construction | 4. DATE RECEIVED BY | | Federal Identifier |
| 5. APPLICANT INFORMATION | Non-Construction | I have got hear | a de la companya de l | |
| Legal Name: | | | Organizational Unit: | |
| ROUGH AND READY Address (give city, county, State | FIREPROTECTION | DISTRICT | | |
| Address (give city, county, State POBOX10 ROUGH and REPA | | | this application (give a | number of person to be contacted on matters involving a code) DowwGANNOW, Chie |
| | 1 | | 530 4 | |
| 6. EMPLOYER IDENTIFICATIO | N NUMBER (EIN): | | 7. TYPE OF APPLICA | ANT: (enter appropriate letter in box) H. Independent School Dist. |
| 8. TYPE OF APPLICATION: | | | B. County | State Controlled Institution of Higher Learning |
| Nev | v Continuation | Revision | C. Municipal | J. Private University |
| | | | D. Township | K. Indian Tribe |
| If Revision, enter appropriate lett | er(s) in box(es) | | E. Interstate | L. Individual |
| A. Increase Award B. Dec | rease Award C. Increase | Duration | F. Intermunicipal G. Special District | M. Profit Organization N. Other (Specify) |
| | specify): | Daration | Disposidi District | Tr. Callot (Openity) |
| • | | | 9. NAME OF FEDERA | AL AGENCY: |
| • | | | USDA | Rural Development |
| 10. CATALOG OF FEDERAL D | OMESTIC ASSISTANCE NU | JMBER: | 11. DESCRIPTIVE TI | ÍLE OF APPLICANT'S PROJECT: |
| | | 10-766 | Builo | NEW FIRE STATION |
| TITLE COMMILL | L. Fraill | | | - , , , , |
| TITLE: COMMUN 12. AREAS AFFECTED BY PRO | DJECT (Cities, Counties, Sta | tes etc) | IN TOW | rV |
| NEVADA COU | wty | | | |
| 13. PROPOSED PROJECT FIRE STATION | 14. CONGRESSIONAL DIS | STRICTS OF: Jo 44 | N Doolittle | = #4 |
| Start Date Ending Date 4/0 6 4/0 7 | a. Applicant | | b. Project | |
| 15. ESTIMATED FUNDING: | | 00 | 16. IS APPLICATION ORDER 12372 PF | SUBJECT TO REVIEW BY STATE EXECUTIVE ROCESS? |
| a. Federal | \$ 538,300 | | a VES THIS DREA | APPLICATION/APPLICATION WAS MADE |
| b. Applicant | \$ | The state of the second | | TO THE STATE EXECUTIVE ORDER 12372 |
| | 300,000 | RECEI | VED PROCESS | FOR REVIEW ON: |
| c. State | \$ | B & Soppe | | 7-30-05 |
| d. Local | \$ | AUG 3 1 | 72003 | AM IS NOT COVERED BY E. O. 12372 |
| e. Other Sale of BIDG | \$ 700,00C | STATE CLEARIN | NG HOUSE OR PROC | GRAM HAS NOT BEEN SELECTED BY STATE |
| f. Program Income | \$ | .00 | | |
| | | | 17. IS THE APPLICAT | NT DELINQUENT ON ANY FEDERAL DEBT? |
| g. TOTAL | \$ 1,038,30 | O 0 | Yes If "Yes," | attach an explanation. |
| 18. TO THE BEST OF MY KNOW | VLEDGE AND BELIEF, ALL | DATA IN THIS APPLIC | ATION/PREAPPLICAT | TION ARE TRUE AND CORRECT, THE |
| DOCUMENT HAS BEEN DULY | AUTHORIZED BY THE GO | VERNING BODY OF TH | | HE APPLICANT WILL COMPLY WITH THE |
| ATTACHED ASSURANCES IF | | | | Talanhara Number |
| a. Type Name of Authorized Rep | NON | b. Title CHIEF | | c. Telephone Number 530 432-1140 |
| d. Signature of Authorized Repre- | sentative | -1166 | | e. Date Signed |
| 1 les 6/ X1 | Marie - | | | 1 2-25-05 |

| PPLICATION FOR EDERAL ASSISTANC | E ' | 2. DATE SUBMITTED | | Applicant Ident | | |
|---|---|--|---|--|---|--|
| TYPE OF SUBMISSION: | T | 3. DATE RECEIVED B | Y STATE | State Application Identifier | | |
| plication | Pre-application | 4 DATE BECEIVED B | Y FEDERAL AGENCY | Federal Identifi | ral Identifier | |
| Construction | Construction | 4, DATE RECEIVED D | I LDEIGHE HOLING | , 555 | | |
| Non-Construction | Non-Construction | | | | | |
| APPLICANT INFORMATIO pal Name: | <u>N</u> | | Organizational Unit | | | |
| lifomia Department of Pesti | cide Regulation | | Department: | | | |
| anizational DUNS: | | | Division: | | | |
| 032197 Idress: | | | Name and telephon | e number of per | son to be contacted on matte | |
| reet: O. Box 4015 | | | involving this appli | First Name: | a code) | |
| U. BOX 4015 | | | | David | | |
| ity: acramento | | · | Middle Name Charles | | | |
| ounty: acramento | | - | Last Name McCarty | - | | |
| ate: | Zip Code 95812 | | Suffix: | | • | |
| A | 33012 | | Email: dmccarty@cdpr.ca.s | 70V | | |
| SA EMPLOYER IDENTIFICAT | ION NUMBER (EIN): | | Phone Number (give | | Fax Number (give area code) | |
| 68-032510 | | | (916) 323-4995 | | (916) 445-4149 | |
| TYPE OF APPLICATION: | <u></u> | | 7. TYPE OF APPLIC | ANT: (See bac | of form for Application Types) | |
| ⊠ N | lew | on 🔲 Revision | A. State | | • | |
| Revision, enter appropriate I ee back of form for descripti | on of letters.) | | Other (specify) | | | |
| · | A A | | 9. NAME OF FEDE | RAL AGENCY: | | |
| ther (specify) | · • | | U.S. Environmental | Protection Agent | | |
| . CATALOG OF FEDERA | L DOMESTIC ASSISTAN | ICE NUMBER: | | | CANT'S PROJECT: | |
| • | | 66-700 | Consolidated Coope | erative Agreemer | nt · | |
| TITLE (Name of Program): | | | | | | |
| 12. AREAS AFFECTED BY | PROJECT (Cities Counti | es. States, etc.): | | | | |
| | (10000) | , | | | • | |
| 3. PROPOSED PROJECT | | | 14. CONGRESSION | IAL DISTRICTS | | |
| Start Date: | Ending Date: | | a. Applicant State of California | | b. Project Statewide | |
| uly 1, 2005 5. ESTIMATED FUNDING: | June 30, 2006 | | 16. IS APPLICATION | N SUBJECT TO | REVIEW BY STATE EXECUTI | |
| | la . | - 00 | ORDER 12372 PRO | CESS? | N/APPLICATION WAS MADE | |
| . Federal | \$ | 1,168,776 | a. Yes. L. AVAILA | BLE TO THE ST | ATE EXECUTIVE ORDER 1237 | |
| . Applicant | \$ | | PROCE | SS FOR REVIE | W ON | |
| . State | \$ | 354,191 | DATE: | | | |
| . Local | \$ | ,00 | b. No. 🔲 PROGE | RAM IS NOT CO | /ERED BY E. O. 12372 | |
| e. Other | \$ | · oa | OR PR | | OT BEEN SELECTED BY STATE | |
| | \$ · | .00 | 17. IS THE APPLIC | EVIEW ANT DELINQUE | NT ON ANY FEDERAL DEBT? | |
| . Program income | | | 1 | | | |
| | • | T CO | — _— | | 171 No. | |
| , Program Income | \$, | 1,522,967 | Yes If "Yes" atta | • | | |
| , TOTAL | \$ NOW! EDGE AND BELL! | 1,522,967 | APPLICATION/PREAPP | LICATION ARE | TRUE AND CORRECT. THE | |
| TOTAL 8. TO THE BEST OF MY K OCUMENT HAS BEEN DU TTACHED ASSURANCES | \$ NOWLEDGE AND BELII LY AUTHORIZED BY THE IF THE ASSISTANCE IS | 1,522,967 EF, ALL DATA IN THIS IE GOVERNING BODY | APPLICATION/PREAPP | LICATION ARE | | |
| TOTAL 8. TO THE BEST OF MY K OCUMENT HAS BEEN DU TTACHED ASSURANCES Authorized Representative | \$ NOWLEDGE AND BELII LY AUTHORIZED BY THE IF THE ASSISTANCE IS | 1,522,967 EF, ALL DATA IN THIS IE GOVERNING BODY | APPLICATION/PREAPP OF THE APPLICANT AN | LICATION ARE | TRUE AND CORRECT. THE | |
| TOTAL 8. TO THE BEST OF MY K 0. CUMENT HAS BEEN DU TTACHED ASSURANCES Authorized Representative reflix | \$ NOWLEDGE AND BELII LY AUTHORIZED BY THE IF THE ASSISTANCE IS | 1,522,967 EF, ALL DATA IN THIS IE GOVERNING BODY | APPLICATION/PREAPP OF THE APPLICANT AN | LICATION ARE ID THE APPLICATION | TRUE AND CORRECT. THE | |
| TOTAL 8. TO THE BEST OF MY K OCUMENT HAS BEEN DU TTACHED ASSURANCES Authorized Representative Prefix ast Name Varmerdam | \$ NOWLEDGE AND BELII LY AUTHORIZED BY THE IF THE ASSISTANCE IS | 1,522,967 EF, ALL DATA IN THIS IE GOVERNING BODY | APPLICATION/PREAPP OF THE APPLICANT AN Midd | LICATION ARE ID THE APPLICATION OF THE APPLICATION | TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE | |
| 8. TO THE BEST OF MY K OCUMENT HAS BEEN DU TTACHED ASSURANCES Authorized Representative Prefix Last Name Varmerdam Title Director | NOWLEDGE AND BELII LY AUTHORIZED BY THIF THE ASSISTANCE IS First Name Mary-Ann | 1,522,967 EF, ALL DATA IN THIS IE GOVERNING BODY | APPLICATION/PREAPP OF THE APPLICANT AN Midd Suffi | LICATION ARE ID THE APPLICATION IIIE Name x Elephone Numbe 3) 445-4000 | TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE | |
| 8. TO THE BEST OF MY K OCUMENT HAS BEEN DU TTACHED ASSURANCES Authorized Representative Prefix Last Name Varmerdam Title | NOWLEDGE AND BELII LY AUTHORIZED BY THIF THE ASSISTANCE IS First Name Mary-Ann | 1,522,967 EF, ALL DATA IN THIS IE GOVERNING BODY | APPLICATION/PREAPP OF THE APPLICANT AN Midd Suffi c. Te (916) | LICATION ARE ID THE APPLICATION IIIE Name x | TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE | |
| 8. TO THE BEST OF MY K OCUMENT HAS BEEN DU TTACHED ASSURANCES Authorized Representative Prefix Last Name Varmerdam Title Director | NOWLEDGE AND BELII LY AUTHORIZED BY THE IF THE ASSISTANCE IS First Name Mary-Ann Peresentative | 1,522,967 EF, ALL DATA IN THIS IE GOVERNING BODY | APPLICATION/PREAPP OF THE APPLICANT AN Midd Suffi c. Te (916 e. D. May | LICATION ARE ID THE APPLICATION IIII Name x Elephone Numbe 3) 445-4000 ate Signed | TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE | |

AUG 3 0 2005

STATE CLEARING HOUSE



JUN 0 6 2005 GMO, PMD-7



| APPLICATION FOR FEDERAL ASSISTANCE | <u> </u> | 2. DATE SUBMITTED | | Applicant Ident | Version 7/03 |
|--|--|--|---------------------------------|--|--|
| 1. TYPE OF SUBMISSION: Application | Pre-application | 3. DATE RECEIVED BY | STATE | State Application | on Identifier |
| X Construction | X Construction | 4. DATE RECEIVED BY | FEDERAL AGEN | CY Federal Identifi | er |
| Non-Construction | Non-Construction | | | | |
| APPLICANT INFORMATION Legal Name: | | | I O i i i | 114. | |
| KERN RIVER VALLEY | Y CEMETERY DIS | TRICT | Organizational Department: | Unit: | |
| Organizational DUNS: | | | Division: | | |
| Address: | | · · · · · · · · · · · · · · · · · · · | | | son to be contacted on matters |
| Street: | D 0 | DOW OAL | involving this a | pplication (give area First Name: | code) |
| 8441 BURLANDO ROAL | | BOX 215 | 760 376-2 Middle Name | 2031 | RANDY |
| WOFFORD HEIGHT County: | IS, CA. 93285 | | Last Name | ANTHONY | e . |
| KERN State: | 17:- OI- | | | KYT | |
| CA. | Zip Code 9328 | 5 | Suffix: | | CELL 760 549-3468 |
| Country: | | | Email: KRV | VCWATCHMAN@AC | OL.COM |
| 6. EMPLOYER IDENTIFICATION | ON NUMBER (EIN): | artan naga ang antiki manakapis di sakabatang mang mang ang ang ang ang ang ang ang ang ang | Phone Number (| | Fax Number (give area code) |
| 77-0446510 | 6 | , | 760 376 | -2031 | 760 376–2788 |
| 8. TYPE OF APPLICATION: | | No. of the Control of | 7. TYPE OF AP | PLICANT: (See back | of form for Application Types) |
| | tter(s) in box(es) | C Revision | G. SPEX Other (specify) | CIAL DISTRIC | P |
| Other (specify) | Δ | .U G 3 0 2005 | 9. NAME OF FE | DERAL AGENCY: | |
| 10. CATALOG OF FEDERAL | DOMESTIC ASSISTAN | CE NUMBER: | 11. DESCRIPTI | VE TITLE OF APPLIC | CANT'S PROJECT: |
| N/A | STATE | E CLEARING HOUSE | WATER SU | JPPLY TO CEM | CTERY DISTRICT |
| TITLE (Name of Program): | And the second s | | | | |
| 12. AREAS AFFECTED BY PF | ROJECT (Cities, Countie | es, States, etc.): | - | | |
| CEMETERY GROUNDS | S | | | | |
| 13. PROPOSED PROJECT | | | | SIONAL DISTRICTS | |
| Start Date: A.S.A.P. | Ending Date: A.S.A.P. DE | PENDS ON GRANT | a. Applicant | | b. Project |
| 15. ESTIMATED FUNDING: | | LIANTO ON CHAINT | | | REVIEW BY STATE EXECUTIVE |
| a. Federal | \$62,700 | .00 | ORDER 12372 F | S PREAPPLICATION | /APPLICATION WAS MADE |
| GRANT \$ | 3 | | a. Yes. I AVA | AILABLE TO THE STA OCESS FOR REVIEW | ATE EXECUTIVE ORDER 12372 |
| c. State | 3 | .00 | DA- | ΓE: | |
| d. Local | 5 | | - b. No. | OGRAM IS NOT COV | ERED BY E. O. 12372 |
| e. Other | S | .00 | | | T BEEN SELECTED BY STATE |
| f. Program Income | Б | .00 | 17. IS THE APP | R REVIEW PLICANT DELINQUE | NT ON ANY FEDERAL DEBT? |
| g. TOTAL | B | .00 | | attach an explanatior | |
| 18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF | Y AUTHORIZED BY TH | E GOVERNING BODY OF | PLICATION/PREA THE APPLICANT | APPLICATION ARE 1 AND THE APPLICA | RUE AND CORRECT. THE NT WILL COMPLY WITH THE |
| a. Authorized Representative Prefix | First Name | | 1 | Middle Name | |
| | RAN | DY | • | ANTI | HONY |
| Last Name KYT | | | | Suffix | |
| b. Title MANAGER | | • | | c. Telephone Number 760 376–2 | |
| d. Signature of Authorized Rep | resentative | | 6 | e. Date Signed | |
| Previous Edition Usable Authorized for Local Reproduct | tion | 1 | | | Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102 |

| APPLICATION FOR | | | | | Version 7/03 | |
|--|---|---------------------------------------|---------------------------------------|------------------------------|--|--|
| FEDERAL ASSISTANCE | FEDERAL ASSISTANCE 2. DATE SUBMITTED 08/23/2005 | | | Applicant Identifier | | |
| 1. TYPE OF SUBMISSION: | Pre-application | 3. DATE RECEIVED BY STATE | | State Application Identifier | | |
| Application | 1 | 4. DATE RECEIVED BY | FEDERAL AGENCY | Federal Identifi | er | |
| Construction | Construction | | | | | |
| Non-Construction 5. APPLICANT INFORMATION | Non-Construction | | | | | |
| Legal Name: | | | Organizational Unit | <u>:</u> | | |
| BAY AREA AIR QUALITY MAN | IAGEMENT DISTRICT | | Department: | | | |
| Organizational DUNS: 078781416 | | | Division: | | | |
| Address: | | | | | son to be contacted on matters | |
| Street: 939 Ellis Street | | | involving this applied Prefix: | First Name: | a code) | |
| 909 Ellia Ott dot | | | | Joe | PROTES, 2675000, 2075000, 2775000, 2775000, 2775000 | |
| City: San Francisco | | | Middle Name A | | He Charles Vine D | |
| County: San Francisco | | | Last Name Slamovich | | AUG 3 0 2005 | |
| State: CA | Zip Code 94109 | | Suffix: | | 7 (4) | |
| Country: | | | Email: JSLAMOVICH@BA | | STATE CLEATING HOUSE | |
| 6. EMPLOYER IDENTIFICATION | ON NUMBER (EIN): | | Phone Number (give | area code) | Eax Number (give area code) | |
| 94-1622746 | 3 | | 415.749.4681 | | 415.928.8560 | |
| 8. TYPE OF APPLICATION: | | | 7. TYPE OF APPLI | CANT: (See bac | k of form for Application Types) | |
| V Ne | w 🖺 Continuation | on Revision | G. SPECIAL DISTR | RICT | | |
| If Revision, enter appropriate le (See back of form for description | tter(s) in box(es) | | Other (specify) | | | |
| (See back of form for description | | | , , , , , , , , , , , , , , , , , , , | | | |
| Other (specify) | | 9. NAME OF FEDE ENVIRONMENTAL | PROTECTION | | | |
| 10. CATALOG OF FEDERAL | DOMESTIC ASSISTAN | ICE NUMBER: | 11. DESCRIPTIVE | TITLE OF APPLI | CANT'S PROJECT: | |
| | • | 6 6 - 0 0 1 | Air Pollution Contro | | Grant . | |
| TITLE (Name of Program): AIR POLLUTION PROGRAM | | | Target Allocation CAPCOA Reduction | \$ 1,515,082 n <26,476> | | |
| 12. AREAS AFFECTED BY P | ROJECT (Cities, Countie | es, States, etc.): | 7 | | | |
| Alameda, Contra Costa, Marin, I | | | Total net allocation | \$ 1,488,606 | | |
| 13. PROPOSED PROJECT | | | 14. CONGRESSIO | NAL DISTRICTS | | |
| Start Date: | Ending Date: | | a. Applicant CA - 8th District | | b. Project 04-13 | |
| 10/1/2005 | 9/30/2006 | | | ON SUBJECT TO | REVIEW BY STATE EXECUTIVE | |
| 15. ESTIMATED FUNDING: | | | ORDER 12372 PRO | DCESS? | | |
| a. Federal | \$ | 1,488,606 | | | N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372 | |
| b. Applicant | \$ | 36,411,279 | | ESS FOR REVIE | | |
| c. State | \$ | 1,863,870 | DATE: | 8/31/2005 | | |
| d. Local | \$ | 15,045,000 | b. No. III PROG | RAM IS NOT CO | VERED BY E. O. 12372 | |
| e. Other | \$ | 1,165,504 | OR PF | ROGRAM HAS NO | OT BEEN SELECTED BY STATE | |
| f. Program Income | \$ | , 100,004 | 17. IS THE APPLI | CANT DELINQUE | ENT ON ANY FEDERAL DEBT? | |
| g. TOTAL | \$ | 55 074 250 ° | ─ ☐ Yes If "Yes" att | ach an explanatio | on. 🔽 No | |
| 40 TO THE BEST OF MY KA | IOWI EDGE AND BELLE | 55,974,259 = F ALL DATA IN THIS AF | PPLICATION/PREAP | LICATION ARE | TRUE AND CORRECT. THE | |
| DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES I | Y AUTHORIZED BY TH | IE GOVERNING BODY OI | THE APPLICANT A | ND THE APPLICA | ANT WILL COMPLY WITH THE | |
| a. Authorized Representative | | | 1 | U \$1 | | |
| Prefix | First Name Peter | | Mid F. | dle Name | · · · · · · · · · · · · · · · · · · · | |
| Last Name | <u> </u> | | Suf | fix | | |
| b. Title | Officer | | c. T | elephone Numbe 5.749.4971 | Γ (give area code) | |
| Deputy Air Pollution Control of d. Signature of Authorized Rep | presentative — | .1 | | Date Signed | | |
| u. Digitatoro diameter del | 1 - T | HOSI | ۱, | 2123 10 | 4 | |

Previous Edition Usable Authorized for Local Reproduction

Version 7/03

Authorized for Local Reproduction

| APPLICATION FOR FEDERAL ASSISTAN | ÇE | 2. DATE SUBMITTED | | Applicant Identifier |
|---|--|----------------------------------|--|--|
| 1. TYPE OF SUBMISSION: Application | Pre-application | 3. DATE RECEIVED | | State Application Identifier Federal Identifier |
| Construction | Construction | 4. DATE RECEIVED | BY FEDERAL AGENCY | Federal Identifier |
| | ☐ Non-Construction | | | |
| Non-Construction 5. APPLICANT INFORMATI | ON | ······ | Organizational Un | Th: |
| Legel Name: | | | Department: | IC |
| City of Berkeley, California | | | Housing Departmen | 11 |
| Organizational DUNS: | | | Division: | |
| 076529924 | | | Name and telepho | ne number of person to be contacted on |
| Address: | | | involving this app | lication (give area code) |
| 2180 Milvia Street | | | Prefix: | First Name: Roger |
| | | | Middle Name | |
| City: Berkeley | | | | |
| County: | | | Last Name Astenno | |
| Alameda | Zip Code | | Suffix: | |
| State: California | Zip Code 94704 | | Emeile | — AUG 3 0 2005 |
| Country: USA | | | Email: rasterino@ci.berke | eley.ca.us |
| 6. EMPLOYER IDENTIFICA | TION NUMBER (EIN): | | Phone Number (giv | e area code) STA EAT Number (give area co |
| | | | 510-981-5405 | 510-981-5450 |
| 94-600029 | 101 | | 7, TYPE OF APPL | ICANT: (See back of form for Application T |
| 8. TYPE OF APPLICATION: | () | on Revision | Municipal/Local Go | |
| lf Revision, enter appropriate See back of form for descript | letter(s) in box(es) | L | Other (specify) | region with |
| • | | | 9. NAME OF FEDE | PAL AGENCY: |
| Other (specify) | | | U.S. Department o | Mousing and Urban Development |
| 10. CATALOG OF FEDERA | DOMESTIC ASSISTAN | ICE NUMBER: | 11. DESCRIPTIVE | TITLE OF APPLICANT'S PROJECT: |
| TITLE (Name of Program): | PROJECT (Cities, Counti | 1 4 -2 4 6 95, States, etc.): | development that is a conference, office garage. | ncludes three components; low-income ren e, and retail building; and an underground p |
| | | | | NAL DISTRICTS OF |
| 13. PROPOSED PROJECT | Ending Date: | | a. Applicant | NAL DISTRICTS OF: |
| -Stan-Oate: | 12/31/2007 | | Ninth Congression | al District Ninth Congressional Dist |
| 15. ESTIMATED FUNDING: | | | | ON SUBJECT TO REVIEW BY STATE EXE |
| | \$ | | ORDER 12372 PR | PREAPPLICATION/APPLICATION WAS MA |
| a. Federal | | 4,000,000 | , | 7 LD C |
| b. Applicant | \$ | 2,000,000 | PROC | ESS FOR REVIEW ON |
| c. State | 5 | BD | DATE: | 08/24/05 |
| | | 6,434,795 uo | | RAM IS NOT COVERED BY E. O. 12372 |
| d, Local | S | 8,260,470 | D. MD. 17.1 | |
| e. Other | \$ | 43,847,749 | | ROGRAM HAS NOT BEEN SELECTED BY REVIEW |
| f. Program Income | \$ | 0 | 17. IS THE APPLI | CANT DELINQUENT ON ANY FEDERAL D |
| g, TOTAL | S | | Vas If "Vas" at | ach an explanation. |
| | <u> </u> | 64,543,014 | | |
| = | NAME OF AND BEILD | | THE APPLICANT A | ND THE APPLICANT WILL COMPLY WITH |
| 18. TO THE BEST OF MY KI DOCUMENT HAS BEEN DUI ATTACHED ASSURANCES | LY AUTHORIZED BY THE IF THE ASSISTANCE IS | E GOVERNING BODY (| | |
| 18. TO THE BEST OF MY KI | LY AUTHORIZED BY THE IF THE ASSISTANCE IS | E GOVERNING BODY (| Mid | dle Name |
| 18. TO THE BEST OF MY KIDOCUMENT HAS BEEN DUINT ATTACHED ASSURANCES A Authorized Representative Prefix Lest Name Kemierz | LY AUTHORIZED BY THE | E GOVERNING BODY (| Mid | dle Name |
| 18. TO THE BEST OF MY KI DOCUMENT HAS BEEN DUI ATTACHED ASSURANCES a Authorized Representative Prefix Lest Name Kamlarz | LY AUTHORIZED BY THE | E GOVERNING BODY (| Mid Suf c. T 51(| dle Name fix elephone Number (give area code) 0-981-7000 |
| 18. TO THE BEST OF MY KIDOCUMENT HAS BEEN DUINT ATTACHED ASSURANCES A Authorized Representative Prefix Lest Name Kemierz | FIRST Name | E GOVERNING BODY (| Mid Suf c. T 51(| dle Name fix elephone Number (give area code) |

| PHONE | NΠ | • | 530 | 295 | 6941 |
|-------|----|---|-----|-----|------|
| | | | | | |

| APPLICATION FOR | | | | | Version 7/03 | |
|---|--|--------------------------------------|------------------------------------|-----------------------------------|--|--|
| FEDERAL ASSISTANCE | | 2. DATE SUBMITTED August 26, 2005 | | Applicant Identifier | | |
| 1. TYPE OF SUBMISSION: Application | Pre-application | 3. DATE RECEIVED BY | STATE | State Applica | tion identifier | |
| Construction | Construction | 4. DATE RECEIVED BY | FEDERAL AGENC | Y Federal Ideni | ifier | |
| Non-Construction | Non-Construction | | | | | |
| 5. APPLICANT INFORMATION | | | | | | |
| Legal Name: | | | Organizational U | nit: | | |
| State of California | | | Department of Ind | lustrial Relations | | |
| Organizational DUNS: 807 487772 | | | | ational Safety & H | | |
| Address: Street: | | | | one number of population (give ar | erson to be contacted on matters | |
| 1367 E. Lassen Ave., Suite B-4 | | | Prefix: | First Name: Stephen | Barrier State Control of the S | |
| City: Chico | , | *** | Middle Name Charles | 1 | RECEIVED | |
| County: Butte | | | Last Name Han | | AUG 3 0 0 | |
| State: | Zip Code 95973 | | Suffix; | | TATA | |
| Country: USA | | | Email: SHart@dir.ca.gov | , | TATE CLEARING HOLLS | |
| 6. EMPLOYER IDENTIFICATION | N NUMBER (EIN): | | Phone Number (gi | (ve area code) | Fax Number (give area code) | |
| 94-6001347 | ח | | 530-895-6938 | • | 530-895-6941 | |
| B. TYPE OF APPLICATION: | | | 7. TYPE OF APP | LICANT: (See ba | ck of form for Application Types) | |
| □ No | w R Continuation | on 🖺 Revision | (A) State | | ., | |
| If Revision, enter appropriate let (See back of form for description | ter(s) in box(es) | | Other (specify) | | | |
| Other (specify) | | Ц | 9. NAME OF FED | ERAL AGENCY: | | |
| 10. CATALOG OF FEDERAL | DOMESTIC ACCIONAL | AP ((())) | | alth Administration | | |
| ON CATALOG OF FEDERAL | DOMESTIC ASSISTAN | _ | 1_ | | ICANT'S PROJECT: | |
| TITLE (Name of Program): Mine Safety & Health Training | Grant | 17-600 | | | e safety & health training to mine ne specific subjects. | |
| 12. AREAS AFFECTED BY PE | ROJECT (Cities, Countie | s. States, etc.): | - | | | |
| Statewide | , , | ,, | | | | |
| 13. PROPOSED PROJECT Start Date: | | | | ONAL DISTRICTS | | |
| October 1, 2005 | Ending Date: September 30, 2006 | 3 | a. Applicant Statewide | | b. Project Statewide | |
| 15. ESTIMATED FUNDING: | | | 16. IS APPLICAT | ION SUBJECT TO | REVIEW BY STATE EXECUTIVE | |
| a. Federal \$ | | <u> </u> | ORDER 12372 PR | OCESS? PREAPPLICATIO | N/APPLICATION WAS MADE | |
| b. Applicant \$ | | 322,149 | _ AVAII | | TATE EXECUTIVE ORDER 12372 | |
| c. State | | 260;657 ° | DATE | E: August 29, 2005 | 5 | |
| d. Local | | , ox | b. No. The PROC | GRAM IS NOT CO | VÊRED BY E. O. 12372 | |
| e. Other | j | <u>,</u> 00 | H GRP | ROGRAM HAS NO | OT BEEN SELECTED BY STATE | |
| f. Program Income | ; | · | 17. IS THE APPL | CANT DELINQUI | ENT ON ANY FEDERAL DEBT? | |
| g. TOTAL | | 582,806 | Yes If "Yes" a | ttach an explanatio | on. 🛮 🖾 No | |
| ATTACHED ASSURANCES IF | AUTOURIZED BY THE | · GOVERNING BOTO OF | PLICATION/PREAF THE APPLICANT A | PLICATION ARE AND THE APPLIC | TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE | |
| a. Authorized Representative Prefix Mr. | First Name | | 16.21 | ddle Name | | |
| Mr. | First Name Stephen | | · I Ç | haries | | |
| b. Titlo | | | \$u | Iffix | | |
| Published Furtherr c. signature orbetnersed Repr | * ************************************ | | c. กา | Telephono Numbo มหาสา-ทหาห | f (giva area 수수역수) | |
| Previous Edition Usable | psentative / | | Θ. | Date Signed ugust 29, 2005 | | |
| Previous Edition Usable | | | | 7 | Chandred Free 404 (Day o cons) | |

| | | | Version 7/03 | | | | |
|--|--|--|--|--|--|--|--|
| APPLICATION FOR FEDERAL ASSISTANCE | | 2. DATE SUBMITTED | Applicant Identifier | | | | |
| 1. TYPE OF SUBMISSION Application | Preapplication | 3. DATE RECEIVED BY STATE | | | | | |
| ☐ Construction ■ Non-Construction | ☐ Construction☐ Non-Construction | 4. DATE RECEIVED BY FEDER AGENCY | RAL Federal Identifier | | | | |
| 5. APPLICANT INFORMATION | | | | | | | |
| Legal Name: STATE OF CALIFORNIA DEPARTME | ENT OF HEALTH SERVICES | Organizational Unit: DEPARTMENT OF HEALTH SE | | | | | |
| Organizational DUNS: 968257675 | A/G has a managed at the A/G has a medium partial and distributed Exponents | | ater & Environmental Management | | | | |
| Address: Street: 1616 Capitol Avenue (MS 741 P.O. Box 997413 | 8) RECEIVED | matters involving this application | Name and telephone number of the person to be contacted on matters involving this application (give area code) Prefix Mr. First Name: Stephen | | | | |
| | MAR 0 2 2005 | Middle Name: A | | | | | |
| City: Sacramento | | Last Name: Woods | | | | | |
| County: Sacramento | Zip Code: 95899-7413 | SE Suffix: | | | | | |
| State: California | Zip Code: 95899-7413 | Email: swoods1@dhs.ca.gov | : | | | | |
| Country: | WINDER (FINE) | Phone number (give area code) | Fax number (give area code) | | | | |
| 6 8 - 0 | NUMBER (EIN): | (916) 449-5624 | (916) 449-5656 | | | | |
| | <u> </u> | 7. TYPE OF APPLICANT: (Sei | e back of form for Application Types): | | | | |
| 8. TYPE OF APPLICATION: New Continuation | on 🗆 Revision | Other (specify): | | | | | |
| ☐ New ■ Continuation If Revision, enter appropria | | 9. NAME OF FEDERAL AGENCY: | | | | | |
| (See back of form for descr | ription of letters.) | ENVIRONMENTAL PROTECT | TION AGENCY | | | | |
| Other specify | | 11. DESCRIPTIVE TITLE OF | APPLICANT'S PROJECT: | | | | |
| 10. CATALOG OF FEDERAL DOM | ESTIC ASSISTANCE NUMBER. | | VOLVING FUND LOAN PROGRAM | | | | |
| 6 8 - | 4 6 8 | | | | | | |
| TITLE (Name of program): CAPITALI REVOLVING FUND | ZATION GRANTS FOR DRINKING WATER STA | ATE | | | | | |
| 12. AREAS AFFECTED BY PROJE CALIFORNIA - STATEWIDE | CT (cities, counties, states, etc) | | | | | | |
| 13. PROPOSED PROJECT: | | 14. CONGRESSIONAL DISTR | | | | | |
| Start Date: | End Date | - , 'be | Project ALL | | | | |
| 15. ESTIMATED FUNDING: | | 16. IS APPLICATION SUBJECT EXECUTIVE ORDER 12372 P | ROCESS? | | | | |
| a. Federal | \$85,027,600 | a. Yes THIS APPLICATION STATE EXECUTIVE REVIEW ON | N WAS MADE AVAILABLE TO THE ORDER REVIEW PROCESS FOR | | | | |
| b. Applicant | 0 | | arch 3, 2005 | | | | |
| c. State | \$17,005,520 | b. No ☐ PROGRAM IS N ☐ PROGRAM HAS NOT BE | OT COVERED BY E.O. 12372 EN SELECTED BY STATE FOR | | | | |
| d. Local | 9 9 2005 | REVIEW | • | | | | |
| e. Other AUG | 2,000,000 | AN IN THE ADDLICANT DELL | NQUENT ON ANY FEDERAL DEBT? | | | | |
| f. Program Income | EARING HOUSE 0 | 17. IS THE APPLICANT DELI | | | | | |
| la. TOTAL | \$104,033,120.00 | | | | | | |
| DOCUMENT HAS BEEN DULY | EDGE AND BELIEF, ALL DATA IN THIS A AUTHORIZED BY THE GOVERNING BOD IS IF THE ASSISTANCE IS AWARDED. | Y OF THE APPLICANT AND THE AF | PPLICANT WILL COMPLY WITH | | | | |
| a. Authorized Representative | | | | | | | |
| Prefix First Name | e Richard | Middle Name J. | | | | | |
| Last Name | 1 100101 4 | Suffix M.D., M.P.H. | | | | | |
| Jackson b. Title Chief Deputy Director. | State Public Health Officer | c. Telephone number (give area co 916-440-7440 | de) | | | | |
| d. Signature of Authorized Represe | | | e. Date Signed | | | | |

Sent By: HLTH SRVC;

| APPLICATION FOR | | | 2. DATE SUBMITTED | Applicant Identifier | | | | |
|---|--|------------------------------|--|---|--|--|--|--|
| FEDERAL ASSISTANCE | | | | | | | | |
| 1. TYPE OF SUBMISSION Application | Preapplication | • | 3. DATE RECEIVED BY STATE | State Application Identifier | | | | |
| ☐ Construction ■ Non-Construction | ☐ Construction☐ Non-Construction | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier | | | | |
| 5. APPLICANT INFORMATION | · | | | | | | | |
| Legal Name: STATE OF CALIFORNIA DEPARTMI | ENT OF HEALTH SERVICE | S | Organizational Unit: DEPARTMENT OF HEALTH SERVI | | | | | |
| Organizational DUNS: 968257675 | | | Division: Division of Drinking Water | | | | | |
| Address: Street: 1616 Capitol Avenue (MS 74 | 18) | | Name and telephone number of the matters involving this application (given | person to be contacted on /e area code) | | | | |
| P.O. Box 997413 | | | Prefix: Mr. First Name: S | tephen | | | | |
| City: Sacramento | | | Middle Name: A | | | | | |
| County: Sacramento | | | Last Name: Woods | 1 | | | | |
| State: California | Zip Code: 95899-7413 | | Suffix: | • | | | | |
| Country: | | | Email: swoods1@dhs.ca.gov | | | | | |
| 6. EMPLOYER IDENTIFICATION | | | Phone number (give area code) F (916) 449-5624 | ax number (give area code) (916) 449-5656 | | | | |
| 6 8 - 0 | 3 1 7 1 9 | 1 | 7. TYPE OF APPLICANT: (See bar | ck of form for Application Types) | | | | |
| 8. TYPE OF APPLICATION: | | 1. | Other (specify): A | | | | | |
| ☐ New ■ Continuati If Revision, enter appropria | | • | 9. NAME OF FEDERAL AGENCY: | | | | | |
| (See back of form for desc | ription of letters.) | | ENVIRONMENTAL PROTECTION AGENCY | | | | | |
| Other specify | | | | | | | | |
| 10. CATALOG OF FEDERAL DOM | IESTIC ASSISTANCE NUM | 11. DESCRIPTIVE TITLE OF APP | | | | | | |
| 6 8 - | 4 6 8 | | DRINKING WATER STATE REVOL | VING FUND LOAN FROGRAM | | | | |
| iTLE (Name of program): CAPITAL | IZATION GRANTS FOR DRINI | KING WATER STATE | | | | | | |
| 12. AREAS AFFECTED BY PROJE | ECT (cities, counties, states, | etc) | | | | | | |
| CALIFORNIA - STATEWIDE | | | 14. CONGRESSIONAL DISTRICT | s of | | | | |
| 13. PROPOSED PROJECT: | I | | | oject ALL | | | | |
| Start Date: | End Date | | a. Applicant: ALL b. Pro | • | | | | |
| 15. ESTIMATED FUNDING: | | | EXECUTIVE ORDER 12372 PROC | ESS? | | | | |
| a. Federal | \$85, | 027,600 | a. Yes THIS APPLICATION WASTATE EXECUTIVE ORI | DER REVIEW PROCESS FOR | | | | |
| b. Applicant | | 0 | DATE: March | 3, 2005 | | | | |
| c. State | 2005 | 005,520 | b. No D PROGRAM IS NOT COVERED BY E.O. 12372 | | | | | |
| d. Local AU | G 2 9 2005 | 0 | ☐ PROGRAM HAS NOT BEEN S REVIEW | ELECTED BY STATE FOR | | | | |
| e. Other | - I-addic Hillor I | ,400,000 | | | | | | |
| f. Program Income STATE | A SECOND TO SECOND SECO | 0 | 17. IS THE APPLICANT DELINQU YES If "Yes" attach a | - | | | | |
| g. TOTAL | \$104,433 | | | | | | | |
| 18. TO THE BEST OF MY KNOWL DOCUMENT HAS BEEN DULY THE ATTACHED ASSURANCE | AUTHORIZED BY THE GO | VERNING BODY O | ICATION/PREAPPLICATION ARE TF F THE APPLICANT AND THE APPLICA | RUE AND CORRECT, THE CANT WILL COMPLY WITH | | | | |
| a. Authorized Representative | | | | | | | | |
| Prefix First Name | e Richard | M | iddle Name J. | | | | | |
| Last Name Jackson | Idonald | s | uffix M.D., M.P.H. | | | | | |
| b. Title | State Public Health Office | | Telephone number (give area code) 916-440-7440 | | | | | |
| d. Signature of Authorized Represe | | | e. D | ate Signed / | | | | |

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Authorized for Local Reproduction

| APPLICATION FOR | | | | | Version 7/03 |
|--|---|--|--|------------------------------------|--|
| FEDERAL ASSISTANCE | | 2. DATE SUBMITTED 4/26/05 | | Applicant Ider | ntifier |
| 1. TYPE OF SUBMISSION: Application | Pre-application | 3. DATE RECEIVED BY | STATE | State Applicat | ion Identifier |
| Construction | Construction | 4. DATE RECEIVED BY | Y FEDERAL AGENCY | Federal Identi | fier |
| Non-Construction | Non-Construction | | | | |
| 5. APPLICANT INFORMATION Legal Name: | | | Organizational Unit: | | |
| California State University | / East Ray Equads | | Department: | | |
| Organizational DUNS: | | | Division: | | |
| _ | 19-404-4335- (c | 06319309 | | | |
| Address: Street: | 824: du | | Name and telephone involving this applic | a number of pe sation (pive are | rson to be contacted on matters |
| 25976 Carlos Bee Blvd. | deli cu | anges per | Brefix: | First Name: | |
| Clty: Hayward | Vicky | Buller | Middle Name | Sam | |
| Hayward County: | 510/ | 2201 | | | |
| Alameda County | | Sclen | Last Name Basu | | |
| State: | Zip Code 94542 | | Suffix: Ph.D. | 1 1 | |
| Country: | *************************************** | | Email: | ohu bas | प |
| 6. EMPLOYER IDENTIFICATIO | N NUMBER (EIN): | | Phone Number (give a | | Fax Number (give area code) |
| 0 4 <u> </u> | + 94-6390 | 556 | 510-885-3291 | | 510-885-4884 |
| 8. TYPE OF APPLICATION: | 1 | <u> </u> | 7. TYPE OF APPLIC | ANT: (See bac | k of form for Application Types) |
| Nev | | on 🛄 Ravision | Non Profit Organ | ization (eX | |
| If Revision, enter appropriate lett (See back of form for description | er(s) in box(es) | | Other (specify) | - I | 士 , , , , , |
| (and a second a second and a second and a second and a second and a second a second and a second a second and a second and a second a second a second a second a second and a second a second a second a second and a second a se | | | Un | iversity. | - State (outro)/ed |
| Other (specify) | | | 9. NAME OF FEDER | AL AGENCY: | Institution |
| 10. CATALOG OF FEDERAL | OMESTIC ASSISTAN | CE NUMBER: | 11. DESCRIPTIVE T | TLE OF APPLI | CANT'S PROJECT: |
| | | 66-708 | P2 and Salons | | |
| TITLE (Name of Program): Pollution Prevent Grants | | تاتان - تات | | | |
| 12. AREAS AFFECTED BY PR | OJECT (Cities, Countie | is. States, etc.): | - | | |
| National | • | , , , . | | | |
| 13. PROPOSED PROJECT | | | 14. CONGRESSION | AL DISTRICTS | OF: |
| Start Date: 10/1/05 | Ending Date: 9/30/06 | | a. Applicant 13th | | b. Project |
| 15. ESTIMATED FUNDING: | 3/30/00 | | | SUBJECT TO | National REVIEW BY STATE EXECUTIVE |
| - E-1 | | The state of the s | ORDER 12372 PROC | ESS? | |
| a. Federal 50% \$ | | 78,096 | a. Yes. AVAILAB | EAPPLICATION LE TO THE ST | NAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372 |
| b. Applicant 5 | | 14,450 | PROCES | S FOR REVIEW | V ON |
| c. State \$ | | | DATE: 5 | /12/04 | |
| d. Local 6 | | | - PROGRA | M IS NOT COV | /ERED BY E. O. 12372 |
| e. Other 5 | | no | D, NO. 111 | | |
| | | 64,000 | / FOR REV | UEW | T BEEN SELECTED BY STATE |
| f. Program Income \$ | | · | 17. IS THE APPLICA | NT DELINQUE | NT ON ANY FEDERAL DEBT? |
| g. TOTAL 5 | | 156,546 | Yes If "Yes" attacl | n an explanation | 1. 🛛 No |
| 18. TO THE BEST OF MY KNO | WLEDGE AND BELIE | F, ALL DATA IN THIS AP | PLICATION/PREAPPLI | CATION ARE T | RUE AND CORRECT. THE |
| DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1 | AUTHORIZED BY THE | GOVERNING BODY OF | THE APPLICANT AND | THE APPLICA | NT WILL COMPLY WITH THE |
| a. Authorized Representative | | AWARDED, | | | |
| Brefix Br. | First Name James | | Mjddle | Name | |
| Last Name Kelly | | | Suffix | | |
| b. Title | | | Ph.D | | (give area code) |
| Interim Rrovost and Vice d. Signature acquitionized Repre | President, Academ | ic Affairs | 510- | 885-3711 | |
| | SCHEIN | well | e. Date 4/28 | Signed /05 | |
| Previous Edition Usable Authorized for Local Reproduction | .n | | | | Standard Form 424 (Rev.9-2003) |
| , | ••• | • | | | Prescribed PENELINE 102 |

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Yender (.O. JUN 2 2 2005)
GMO, PMD-7

| APPLICATION FOR | | | | | | | | | | 1 | V | ersion 9/03 |
|---|--|---------------------------------------|---------------------------|---|-----------|------------|--|------------|----------------------|---|---|-------------|
| | AL ASSISTAN | ICF | | | 2. DATE | SUBMITTED | | А | Applicant Identifier | | - | |
| | | | | | | | | | | | | |
| 1. TYPE OF | SUBMISSION: | | | | 3. DATE | RECEIVE | D BY STATE | | S | tate Appl | lication Identifier | |
| Application | | Preappli | cation | | | | | | | **** | | |
| Constru | ction | Cons | struction | Ī | # DATE | att.ElvE | D HY FEDER | AL AGEA | ICY F | ederal (de | entrior | |
| ✓ Non-Co | nstruction | Non- | -Construc | tion | | | | | | | | |
| 5. APPLICA | NT INFORMATION | | | • | | | Organizat | ional Un | it: | | | |
| * Legal Nam | ne: San Jose State | University | y Foundati | on | , | | Department | :: Мо | ss Landii | ng Marin | e Labs | |
| * Organizati | onal DUNS: | 0568207 | '15 | | | | Division: | | | - | | |
| Address: | | | | | | | | | | | n to be contacted on matters | involving |
| * Street1: | 210 North Fourth Str | eet, 4th Fl | oor | | | | this applica | | 1 | | | |
| Street2: | | · · · · · · · · · · · · · · · · · · · | | | | | Prefix: Dr. | | * First i | Vame: | James | |
| * City: | San Jose | С | ounty | Santa Clar | a | | Middle Nam | | | | | |
| * State: | CA * Zip C | Code: 951 | 12 | * Count | ry U | JSA | * Last Name | e: Harve | | . [| | |
| 6. * EMPLO | YER IDENTIFICATIO | N NUMBE | R (EIN): | J | | | Suffix: * Phone Nur | mbor (give | | | ey@mlml.calstate.edu Fax Number (give area code) | |
| 94-6017638 | В | | | | | | (831) 771-4 | | | | (831) 632-4403 | |
| 8. TYPE OF | APPLICATION: | | | | | | 7. * TYPE O | F APPLIC | CANT: | ation (Oth | ner than Institution of F | |
| ✓ New | Continuati | on 🗌 | Revision | n | | | Other (speci | ty) | <u></u> | | 70-70-44 | |
| If Revision, e | enter appropriate letter(| (s) in box(e | s) | | | | | | | | | |
| A. Increase Awa | ard B. Decrease Awar | d C. Inc | rease Duration | on | | | 9. * NAME (| OF FEDE | RAL AGE | NCY: | | |
| D. Decrease Du | uration Other (specify): | | | *************************************** | | | Department | of Comm | erce | *************************************** | | |
| 10. CATALO | G OF FEDERAL DOI | MESTIC A | SSISTAN | CE | 11.4 | 139 | 11. * DESCI | RIPTIVE | TITLE OF | APPLIC | CANT'S PROJECT: | |
| TITLE: Marin | e Mammal Data Progra | am | | | | | A New Course and Teaching Materials for "Assessing Marine Mammal | | | | | |
| 12 * ADEAS | S AFFECTED BY PRO | O IECT | (Citios Counti | es, States, etc.): | | | Health" | | | | | |
| | unty and Santa Cruz | | Chies, Courtin | es, siales, etc.). | • | | | | | | Į. | |
| michigray Ge | and danks of the | | | | | | | 12.70 | | | | |
| 13. * PROP | OSED PROJECT: | | I | | | | 14. * CONGRESSIONAL DISTRICTS OF: | | | | | |
| * Start Date | | | * Ending | Date | | | * a. Applicant * b. Project | | | | | |
| 06/01/2006 | | | 05/31/2 | 007 | | | 16 | | | | 17 | |
| 15. * ESTIMA | TED FUNDING: | | | ···· | | | 1 | | | T TO R | EVIEW BY STATE EXECUT | VE |
| * a. Federal | and the second s | AN PESSE | | 95,105.0 | 0 | | ORDER 123 | | | VA DDI IQ | ATION WAS MADE AVAILABLE | |
| * b. Applicant | RECE | IN P | | 31,749.0 | 0 | | | | | | ATION WAS MADE AVAILABLE PROCESS FOR REVIEW ON: | . 10 |
| * c. State | AUG T | 8 2090E | | 0.0 | 0 | | ✓ \ | res D | ATE | 08/15/2 | 2005 | |
| * d. Local | 700 2 | \$ | | 0.00 | 0 | | b. 🗌 F | ROGRAM | I IS NOT C | OVERE | D BY E.O. 12372 | |
| * e. Other | STATE CLEAR | RINGSHE | 70SE | 0.00 | 0 | | | R PROGE | RAM HAS | NOT BEE | EN SELECTED BY STATE FOR | REVIEW |
| * f. Program I | псоте | \$ | | 0.00 | 0 | | 17. IS THE A | APPLICA | NT DELIN | IQUENT | ON ANY FEDERAL DEBT? | |
| g. TOTAL | | \$ | | 126,854.00 |) | | Yes | If "Yes," | attach a | n explan | ation. |] No |
| 18. * TO THE BE GOVERNING BO | ST OF MY KNOWLEDGE A DY OF THE APPLICANT A | AND BELIEF, AND THE APP | ALL DATA I PLICANT WII | N THIS APPL L COMPLY | ICATION/P | REAPPLICA | TION ARE TRUE | AND CORF | RECT. THE | DOCUMEN AWARDED | NT HAS BEEN DULY AUTHORIZED D. | BY THE |
| a. Authoriz | | * | First Nam | e: Pame | la | | | Midd | lle Name | C. | | |
| Representa | tive * Last Name: | Stacks | | L | | | | | | St | uffix: PhD | |
| * b. Title: AV | /P Graduate Studies | and Resea | arch | | | * c. Telep | hone Number | (give area | a code): | (408) 92 | 24-2427 | |
| * Email: osp | @foundation.sjsu.ed | u | | | | Fax Num | ber (give area | a code): | | (408) 93 | 24-1496 | |
| d. Signature of Authorized Representative: Completed on submission to Grant | | | | | | irants.gov | e. Da | te Signed | l: Comp | pleted on submission to Gran | ts.gov | |

| APPLICATION FOR | | 2. DATE SUBMITTED | | Applicant Iden | Version 7/03 | |
|---|--|--|---|-----------------------------------|--|--|
| FEDERAL ASSISTANCE | | | | State Application Identifier | | |
| 1. TYPE OF SUBMISSION: Application | Pre-application | 3. DATE RECEIVED BY STATE N/A | | N/A | | |
| ☐ Construction | Construction | 4. DATE RECEIVED BY | FEDERAL AGENCY | Federal Identif | ier | |
| Non-Construction 5. APPLICANT INFORMATION | Non-Construction | | | | - A A A A A A A A A A A A A A A A A A A | |
| Legal Name: | | | Organizational Un | it: | | |
| James T. Beaty, DPM. A.P.C. | DBA-Ojai Family Podia | atry Clinic inc. | Department: Telemedicine | | | |
| Organizational DUNS: 03-013-7454 | | | Division: | | | |
| Address: | | | Name and telepho | | rson to be contacted on matters | |
| Street: 115 Pirie Rd. STE A | DEAR | THE REAL PROPERTY CONTRACTOR OF THE PERSON O | Prefix: | First Name: | u 0000) | |
| City: Ojai | The state of the s | m VL | Dr. Middle Name Todd | James | | |
| County: Ventura | AUG 1 | 8 2005 | Last Name Beaty | | | |
| State: CA | Zip Code | | Suffix: DPM | | | |
| Country: | 93023TATE CLEAR | ING HOUSE | Email: | | | |
| USA 6. EMPLOYER IDENTIFICATIO | N NUMBER (EIN): | And the state of t | jtb0928@aol.com Phone Number (giv | e area code) | Fax Number (give area code) | |
| 77-0563377 | _ | | 805-646-7163 | | 805-646-7164 | |
| 8. TYPE OF APPLICATION: |] | | 7. TYPE OF APPL | CANT: (See bac | k of form for Application Types) | |
| Z Nev | | n 🔲 Revision | M-Profit O | ganization | | |
| If Revision, enter appropriate lette (See back of form for description | | П | Other (specify) | | | |
| Other (specify) | Ш | L | 9. NAME OF FEDE Rural Utilities Serv | | | |
| 10. CATALOG OF FEDERAL D | OMESTIC ASSISTANC | E NUMBER: | 11. DESCRIPTIVE | TITLE OF APPLI | CANT'S PROJECT: | |
| | | 10-855 | Podiatry Telemedi | cine Project | | |
| TITLE (Name of Program): Distance Learning and Telemed | licine Loans and Grants | | | | | |
| 12. AREAS AFFECTED BY PR | | s, States, etc.): | | | | |
| California cities:Blythe,Bishop,P | enn Valley,Sonora, King | City, Lakeport | | | | |
| 13. PROPOSED PROJECT Start Date: | Ending Date: | | a. Applicant | NAL DISTRICTS | b. Project | |
| 11-15-05 | 9-15-07 | | CA-24th | ON CHE LECT TO | CA-25,17,19,4,45,1 REVIEW BY STATE EXECUTIVE | |
| 15. ESTIMATED FUNDING: | | | ORDER 12372 PR | CESS? | | |
| a. Federal \$ TOTAL GRANT REQUEST | | 497,200 | _ a. Yes. ⊯ AVAIL | ABLE TO THE ST | WAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372 | |
| b. Applicant \$ TOTAL MATCH | | 48,800 | | ESS FOR REVIEV | W ON | |
| c. State \$ | | 0 | DATE: | 7-20-05 | | |
| d. Local \$ | | 0 . | b. No. 🔲 PROG | RAM IS NOT COV | /ERED BY E. O. 12372 | |
| e. Other \$ | | 0 . | | OGRAM HAS NO EVIEW | T BEEN SELECTED BY STATE | |
| N/A f. Program Income \$ | All productions of the second | .00 | 17. IS THE APPLI | CANT DELINQUE | NT ON ANY FEDERAL DEBT? | |
| g. TOTAL \$ | | 546,000 · | ☐ Yes If "Yes" att | • | | |
| 18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF | AUTHORIZED BY THE | GOVERNING BODY OF | PLICATION/PREAPI THE APPLICANT A | PLICATION ARE 1 ND THE APPLICA | TRUE AND CORRECT. THE INT WILL COMPLY WITH THE | |
| a. Authorized Representative | First Name | | Mid | dle Name | | |
| Brefix Dr. | James | | To Suf | dd | | |
| Last Name Beaty | | | DP | М | | |
| b. Title President | | | 805 | elephone Number i-340-2735 | (give area code) | |
| d. Signature of Authorized Repre | esentative // / | 2) | | ate Signed 8-05 | | |
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LT2

| |) | | | | MB Approval No. 0348-0043 | |
|--|-------------------------------|--|--|--|------------------------------------|--|
| APPLICATION FOR FEDERAL ASSISTAN | CE | | gust 17, 2005 | Applicant Identifier | | |
| 1. TYPE OF SUBMISSION: Application Preapplication Construction Construction | | 3. DATE RECEIVED I | | State Application Ider | ntified | |
| ☑ Non-Construction ☑ Non-Const | truction | 4. DATE RECEIVED I | BY FEDERAL AGENC | Y Federal Identifier | | |
| 5. APPLICANT INFORMATION | | | | | | |
| Legal Name Port of Oakland | | | Organizational Unit Port of Oakland Acting by and through its Board of Port Commissioners | | | |
| Address (give city, county, state, and zip c | ode) | | Name and teleph this application (g | | e contracted on matters involving | |
| 530 Water Street Oakland, CA 94607 | | | Christina Lee (510) 627-1510 | | | |
| EMPLOYER IDENTIFICATION NUMBER | (EIN): | | 7. TYPE OF APP | PLICANT: (enter appropriate le | etter in box) C | |
| 9 4 - 1 7 8. TYPE OF APPLICATION: | 4 6 3 | 1 2 | A. State H. Interdependent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe | | | |
| | nuation | n | E. Interstate F. Intermunicipal G. Special District | -A | on | |
| , | ,, | · | G. Special Distric | N. Other (Specify) | | |
| If Revision, enter appropriate letter(s) in bo A Increase Award B Decrease D Decrease Duration Other (specif | Award C Increase | e Duration | O NAME OF FE | DEDA! ACENICM | | |
| | | | 9. NAME OF FEDERAL AGENCY Federal Aviation Administration | | | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER | , , , , , , , , | | 11. DESCRIPTIV | /E TITLE OF APPLICANT'S PF | ROJECT; | |
| TITLE: Airport Improvement Program (AIP) | لــا لــا | 0 6 | Improve Runway Safety Areas (RSAs), Runway 11-29 and Runways 9R/L-27R/L, Phase 1 - Environmental Review and | | | |
| 12. AREAS AFFECTED BY PROJECT (c) | ities, counties, states, etd. | .): | Associated Preliminary Engineering Studies | | | |
| San Francisco Bay Area | | • | | | | |
| | 4. CONGRESSIONAL D | ISTRICTS OF | | h Broject | | |
| | a. Applicant 7 | | | b. Project 4 | | |
| 15. ESTIMATED FUNDING | | | | EW BY STATE EXECUTIVE OF | • , | |
| | 300,000 | YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON | | | | |
| b. Applicant c. State | 1,275 | | A 4 17 / | 300# | | |
| | Second • | | : August 17, | | | |
| d. Local AU 5 1 8 2005 e. Other \$ | | | | COVERED BY E. O. 12372 | | |
| | | OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? | | | | |
| f. Program income E ULS: AHING HO | | | | ` <i>'</i> | _ | |
| | 861,273 .00 | | attach an explanatio | | | |
| 18. TO THE BEST OF MY KNOWLEDGE AUTHORIZED BY THE GOVERNING BOD AWARDED | DY OF THE APPLICANT | AND THE APPLICANT | ON ARE TRUE ANI T WILL COMPLY W | D CORRECT, THE DOCUMEN /ITH THE ATTACHED ASSUR/ | ANCES IF THE ASSISTANCE IS | |
| a. Typed Name of Authorized Representate Steve Grossman | | of Aviation | | | c. Telephone number (510) 627-1133 | |
| d. Signature of Authorized Representative | | | | | e. Date Signed | |
| Demun | | | | | August 17, 2005 | |

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| | | | | | | Version 9/03 | |
|--|--------------------------------|--|--|---|--|--|--|
| APPLICATION FOR | | 2. DATE SUBMITTED | | Applicant | Applicant Identifier | | |
| FEDERAL ASSISTANCE | | | | | \[\] | | |
| 1 TVDE OF CHEMISCIONS | | | 3. DATE RECEIVED | BY STATE | State App | lication Identifier | |
| 1. TYPE OF SUBMISSION: | Preapplica | tion | | | JAN 100 H 1 1 1 1 | | |
| Application | Constr | | L | compression traffer at the | L Legger | | |
| Construction | 1 ,,, | onstruction | ed in tuber of etc. His storie Market about | | | | |
| Non-Construction | 14011-0 | 5/13(1 0 C (1 0 1 1 | SEATINE IN /E | | | | |
| 5. APPLICANT INFORMATION | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | <u> </u> | O cganization | al Unit: | | |
| Logal Name: Los Angeles C | ounty Sherif 028950678 | | AUG 1 8 20 | Department: Division: | 77 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| Address: | | 12 | ATE CLEARING | MBASE 1010 | phone number of perso | n to be contacted on matters involving | |
| ^ Street1: 4700 Ramona Boule | vard | | PATE CONTRACTOR | this application | (give area code) | | |
| 13 1000 | | | | Profix: | * First Name: | Michelle | |
| Street2: | | | | Middle Name: | Α. | | |
| Clty: Monterey Park | Co | unty Los Ange | 9185 | * Last Name: | Day | | |
| * State: CA * Zip (| Code: 91754 | • Cou | ntry USA | Suffix: | • Email: gra | nts@lasd.org | |
| 6. * EMPLOYER IDENTIFICATIO | N NUMBER | (EIN): | | * Phone Numb | er (give area code) | Fax Number (give area code) | |
| 95-6000927 | | | | 323-526-5212 323-415-1388 | | | |
| 8. TYPE OF APPLICATION: | • | | WV-1 | 7. * TYPE OF A | APPLICANT: C | ounty Government | |
| i/ New : Continuat | ion [""] | Revision | | Visite in the Market | | | |
| If Revision, enter appropriate lette | r(s) in box(es | :) | | | | | |
| A Ingrosse Award B. Decrease Awa | ard C. Inch | ease Duration | | 9. * NAME OF FEDERAL AGENCY: | | | |
| D. Decrease Duration Other (specify) | : | | | Community Oriented Policing Services | | | |
| 10 CATALOG OF FEDERAL DO | OMESTIC AS | SSISTANCE | | | | | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE | | | · · · · · · · · · · · · · · · · · · · | 11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: | | | |
| TITLE: | | | FY 05-06 Regional Community Policing Institute-California, Integrity Curriculum Training and Technical Assistance Program | | | | |
| 12. * AREAS AFFECTED BY PF | ROJECT | (Cities, Counties, States, 4 | Am.): | | raining and 100miles | | |
| Los Angeles County, State of Ca | lifornia | | | | • | : | |
| | | | | | | | |
| 13. * PROPOSED PROJECT: | , | | | 14. * CONGRESSIONAL DISTRICTS OF: | | | |
| "Start Date | | * Ending Date | | a. Applicant | | * b. Project | |
| 10/01/2005 | | 03/31/2007 | | 24252627282 | 9303132333435363731 | 24 25 26 27 28 29 30 31 32 33 | |
| 15. * ESTIMATED FUNDING: | , | | | | | REVIEW BY STATE EXECUTIVE | |
| *a. Federal | \$: | 600,00 | 0.00 | ORDER 1237 | | I AN HIVE TALLACT MARDE ALVARIANTE TO | |
| * b. Applicant | s [| | <u> </u> | | | ICATION WAS MADE AVAILABLE TO 72 PROCESS FOR REVIEW ON: | |
| c. State | 5. ! · | | 1 | <u>√</u> | ES DATE 08/0 | 9 //2005 | |
| * d. Local | s ; | | n over home had | _ | ROGRAM IS NOT COVE | RED BY E.O. 12372 | |
| * e. Other | | ************************************** | <u> </u> | | | BEEN SELECTED BY STATE FOR REVIEW | |
| | \$! | | THE STATE OF THE S | | | HI MITTER TO THE STATE OF THE S | |
| * (, Program Income | 5 į, | * * */**** ** ************* * | | _ | | NT ON ANY FEDERAL DEBT? | |
| g, YOTAL | 5. | t false. ———————————————————————————————————— | . (1,1 | | If "Yes," attach an exp | | |
| 18 TO THE BEST OF MY KNOWLEDG GOVERNING BODY OF THE APPLICAN | E AND BELIEF, T AND THE API | , ALL DATA IN THIS A PLICANT WILL COMP | APPLICATION/PREAPPLIC PLY WITH THE ATTACHED | ATION ARE TRUE A ASSURANCES IF T | IND CORRECT. THE DOCUM HE ASSISTANCE IS AWARI | IENT MAS BEEN DULY AUTHORIZED BY THE DED. | |
| a. Authorized Prefix: | | | | | | | |
| • b. Title: Sheriff • c. Telephone Number (give area code): 323-526-5000 | | | | | | | |
| * Email: Idbaca@lasd.org and grants@lasd.org Fax Number (give area code): 323-267-6600 | | | | | | | |
| d. Signature of Authorized Repre | esentative; | Cample | ated on submission to | Grants.gov | e, Date Signed: C | ompleted on subthission to Grants have | |

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Leroy D. Baca, Sheriff

Slandard Form 424 (Rev. x-xx)

Prescribed by OMB Circular A-102

| APPLICATION FOR | | 0.0 | ATE OUDSITTED | | I A It I I I | Version 7/03 | | |
|--|--|--|--|---|---|--|--|--|
| FEDERAL ASSISTANCE | | Aug | 2. DATE SUBMITTED August 15, 2005 | | | Applicant Identifier | | |
| 1. TYPE OF SUBMISSION: Application | Pre-application | | 3. DATE RECEIVED BY STATE | | State Applicat | | | |
| 1 | Construction | ,,, | 4. DATE RECEIVED BY FEDER | | CY Federal Identi | fier | | |
| | Non-Constru | uction | | | | | | |
| 5. APPLICANT INFORMATION Legal Name: | | | | Organizational | Unit: | | | |
| Yuba-Sutter Economic Developm | emt Corporation | 1 | | Department: | | | | |
| Organizational DUNS: | L. (| :FIVI | | Division: | | | | |
| 120321596 Address: | 1 1 1 1 | Decimics 10 24 or | | Name and folon | hono numbor of no | roon to be contacted on well- | | |
| Street: | AUC | i 1 8 20 | 05 | involving this a | and telephone number of person to be contacted on matters ng this application (give area code) | | | |
| 1227 Bridge Street, Suite C | | | darres santa | Prefix: | First Name: Tim | | | |
| City: Yuba City | STATE C | LEARING | HOUSE | Middle Name | | | | |
| County: Sutter | Towns to reserve years and their servers of artest related | The state of the s | | Last Name Johnson | | | | |
| State: | Zip Code | | | Suffix: | | | | |
| California Country: | 95991 | | | Email: | | | | |
| U.S. 6. EMPLOYER IDENTIFICATION | I NUMBER (EII | V)· | | tjohnson@ysed Phone Number (| | Fax Number (give area code) | | |
| | 4 140MDEN (EII | v /. | | 530-751-8555 | give alea code) | 530-751-8515 | | |
| 6 8 - 0 3 4 2 1 4 5 8. TYPE OF APPLICATION: | | | | * | PLICANT: (See hac | k of form for Application Types) | | |
| V New | Cont | inuation | Revision | | · | | | |
| If Revision, enter appropriate lette (See back of form for description of | r(s) in box(es) | | · · | Other (specify) | O. Not for profit organization (Economic Development District) Other (specify) | | | |
| Other (specify) | | | | | DERAL AGENCY: | | | |
| 10. CATALOG OF FEDERAL DO | OMESTIC ASS | ISTANCE NI | IMRED: | | U.S. Department of Commerce, Economic Development Administration 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: | | | |
| IV. OATALOG OF TEDLIAL D | | | | | | evelopment Strategy | | |
| TITLE (Name of Program): | | | 1 1-3 0 3 | , | oorg, 240oo 2 | oronopimoni chanegy | | |
| Economic Development - Technic | | D | | - | | | | |
| 12. AREAS AFFECTED BY PRO | • | Journales, Sta | tes, etc.): | | | | | |
| Yuba and Sutter counties, Califor 13. PROPOSED PROJECT | nia | | | 14 CONGRESS | IONAL DISTRICTS | 0E: | | |
| Start Date: | Ending Date: | | | a. Applicant | IONAL DISTRICTS | b. Project | | |
| December 1, 2005 15. ESTIMATED FUNDING: | November 30 |), 2006 | | District 2 | TION CUR IECT TO | District 2 REVIEW BY STATE EXECUTIVE | | |
| | | | | ODDED 40070 D | ODDED 40070 DDOOF000 | | | |
| a. Federal \$ | | | 150,000 | a. Yes. 🛭 THIS | a. Yes. AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 | | | |
| b. Applicant \$ | and the state of t | | 32,500 | | CESS FOR REVIEW | | | |
| c. State \$ | | | 32,300 | DATE: August 15, 2005 | | | | |
| d. Local \$ | | | | | PROGRAM IS NOT COVERED BY E. O. 12372 | | | |
| e. Other \$ | | 00 , | | | b. No. Throughout is not covered by E. C. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE | | | |
| f. Program Income \$ | 67,500 | | | FOR | FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? | | | |
| g. TOTAL \$ | | | 00 | | | | | |
| 250,000 Yes If "Yes" attach an explanation. No 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE | | | | | | | | |
| DOCUMENT HAS BEEN DULY A | | | | | | | | |
| ATTACHED ASSURANCES IF THE a. Authorized Representative | HE ASSISTANC | CE IS AWAR | DED. | | | | | |
| Prefix First Name Mr. Tim | | | M | Middle Name | | | | |
| Last Name | G ^{uzzono} | CONTRACTOR OF THE PROPERTY OF | THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. | s | uffix | | | |
| Johnson b. Title | | Annual Contracts | For WELL | c. | Telephone Number | (give area code) | | |
| Executive Director d. Signature of Authorized Representations of Authorized Representation Representation Representation Repre | entative | I Maren don't | COLUMN | 5 | 530-751-8555 | | | |
| 54/ | Representative AUG 1 8 2005 | | | | e. Date Signed August 15, 2005 | | | |
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OMB Approval No. 0348-0043

| APPLICATION FOR FEDERAL ASSISTANCE | 2. Date Submitted | Applicant Identifier | | | | |
|--|---|---|--|--|--|--|
| I. Type of Submission: | 3. Date Ree'd by State | State Application Identifier | | | | |
| Application Preapplication | The Print Call | Federal Identifier | | | | |
| Construction Construction | 4. Date Rec'd by Federal | Lederat tremmer | | | | |
| X Nonconstruction Nonconstruction | | | | | | |
| 5. Applicant Information: | Organizational Unit: | | | | | |
| Logal Name and Address: | Division of Financial Assistance | and the second | | | | |
| (give city, county, state, and zip code) | Name and telephone of person to be | confacted on matters | | | | |
| State Water Resources Control Board | involving this application (give area | code): | | | | |
| 1001 I Street, Sacramento County | Christopher Stevens | | | | | |
| Sacramento, California 95814 | (916) 341-5698 | | | | | |
| 6. Employer Identification Number (EIN): 68-0281986 | 7. Type of Applicant: (enter appropriate A. State H. Inde | riate letter)A pendent School District | | | | |
| | | Institute of Higher Learning | | | | |
| 6. DUNS Number: 808321913 | | ne University | | | | |
| 8. Type of Application: | D. Township K. India | | | | | |
| X New Revision Continuation | E. Interstate L. Indiv | | | | | |
| If Revision, enter appropriate letter(s): | | fit Organization | | | | |
| A. Increase Award B. Decrease Award C. L. Decrease Award D. Decrease Duration | 1 | er (specify) | | | | |
| C. Increase Duration D. Decrease Duration | in opposition of the other | see a condition | | | | |
| Other (specify) | 9. Name of Federal Agency: | | | | | |
| 10. Catalog of Federal Domestic Assistance Number | U. S. Environmental P | Protection Agency | | | | |
| 10. Catalog of Federal Domestic Assistance Number 66.463 | U. D. DHAH OWN INCOME. | <u></u> | | | | |
| | 11. Descriptive Title of Applicant's | Project: | | | | |
| Title: Water Quality Cooperative Agreements | Descriptive time in Applicants | - | | | | |
| | This project is to install the Environ | mental Benefits module into the | | | | |
| 12 Area Affaced by Deviant | State Water Board Loans and Grants | s Tracking System (LGTS). This | | | | |
| 12. Area Affected by Project; | project will give the Water Board th | e ability to assess the environ- | | | | |
| (cities, counties, states, etc.) | montal benefit of water quality prote | mental benefit of water quality protection and improve management | | | | |
| California | of programs such as the Clean Water State Revolving Fund (CWSRF). | | | | | |
| 13. Proposed Project: Start Date End Date | 14. Congressional District of: | | | | | |
| Start Date End Date 11/1/2005 3/31/2007 | Applicant: Project: | | | | | |
| 11/1/2003 5/31/2007 | 3 Californ | | | | | |
| 15. ESTIMATED FUNDING: | 16. Is the application subject to rev | | | | | |
| AND A SATEMATOR | Executive Order (EO) 12372 proces | ss? | | | | |
| 8. Federal \$90,000 | a. VES: X This application | on/preapplication was made | | | | |
| b. Applicant \$0 | available to the State | EO 12372 process for | | | | |
| c. State \$0 | review on: | | | | | |
| a. Federal b. Applicant c. State d. Local RECEVED so so f. Program Incorpad G 1 7 2005 so | | Nugust 17, 2005 | | | | |
| e. Othor | | t covered by EO # 12372 | | | | |
| f. Program Incorded G \$0 | | not been selected by the | | | | |
| -INIG HOUSE | state for review | w | | | | |
| E. TOTAL STATE CLEARING TO \$90,000 | 17. Is the applicant delinquent on a | 17. Is the applicant delinquent on any Federal debt? | | | | |
| f. Program Incorpted G II \$0 g. TOTAL STATE CLEARING HOUSE \$90,000 | YES, attach explanation | _x_ NO | | | | |
| The state of the s | L TO AMA TAT TOWARD A DOLLAR AND A CONTROL OF THE | ADDI ICIA (PICINI A 1177 | | | | |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, AL | L DATA IN THIS APPLICATION/PRE. | ARELICATION ARE | | | | |
| TRUE AND CORRECT, THE DOCUMENT HAS BEEN DUL | Y AUTHORIZED BY THE GOVERNIN | ICH ACCIOTANCE | | | | |
| APPLICANT, AND THE APPLICANT WILL COMPLY WITH | THE ATTACHED ASSURANCES IF | THE VOOISTANCY | | | | |
| IS AWARDED. | L Trials. | c. Telephone Number | | | | |
| a. Typed Name of Authorized Representative | b. Title: | (916) 341-5615 | | | | |
| Celeste Cantú | Executive Director | (210) 341-3013 | | | | |
| d Nigasanya - F A rational D | | e. Date Signed: | | | | |
| d. Signature of Authorized Representative | | | | | | |
| { | | | | | | |
| | | | | | | |

| APPLICATION FOR |) - | 2 DATE CUDALITIES | | <u>}</u> | Version 7/0 | | |
|--|--|---|--|--|--|--|--|
| FEDERAL ASSISTANCE | | 2. DATE SUBMITTED April 25, 2005 | | Applicant Identifier 8CA05002 | | | |
| 1. TYPE OF SUBMISSION: Application | Pre-application | 3. DATE RECEIVED BY STATE | | State Application Identifier 8CA05002 | | | |
| ☐ Construction | Construction | 4. DATE RECEIVED BY FEDERAL AGENCY | | Federal Identifier | | | |
| Non-Construction | Non-Construction | 5/10/05 | | 05-06-11052021-107 | | | |
| 5. APPLICANT INFORMATION Legal Name: | | | | | | | |
| - | | • | Organizational Unit: Department: | | | | |
| California Department of Forest Organizational DUNS: | try and Fire Protection | | California Department of Forestry and Fire Protection Division: | | | | |
| 792358095 Address: | | | Resource Management | | | | |
| Street: 1416 9th. Street | | Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: | | | | | |
| P.O. Box 944246 | | | Robb | | | | |
| City: Sacramento | | | Middle Name B. | | | | |
| County: Sacramento State: | 17ln Code | | Last Name Forsberg | | | | |
| California | Zip Code 94244-2460 | | Suffix: | | | | |
| Country: United States | | | Email: | | | | |
| 6. EMPLOYER IDENTIFICATIO | N NUMBER (EIN): | | robb.forsberg@fire.ca.gov Phone Number (give area code) Fax Number (give area code) | | | | |
| 69-0306069 | 1 | | (916) 653-9299 | , | (916) 653-8957 | | |
| 8. TYPE OF APPLICATION: | | | | NT: (See bee | k of form for Application Types) | | |
| ☑ Nev | v 🔲 Continuation | n Revision | | THE CORE DATE | k of form for Application (ypes) | | |
| If Revision, enter appropriate lett (See back of form for description | er(s) in box(es) | , | State | | | | |
| (One pack of form for description | of letters.) | П | Other (specify) | | | | |
| Other (specify) | | | 9. NAME OF FEDERAL AGENCY: U.S. Forest Service, Department of Agriculture | | | | |
| 10. CATALOG OF FEDERAL | | E NUMBER: | 11. DESCRIPTIVE TIT | | | | |
| Forest Health Prob | ection | 1 0-6 8 0 | Cooperative Lands Forest Health Management Program | | | | |
| TITLE (Name of Program): Ceoperative Forestry Assistance | | | | | | | |
| 12. AREAS AFFECTED BY PRO | | , States, etc.): | 1 | | | | |
| Statewide | | | | | | | |
| 13. PROPOSED PROJECT | | | 14. CONGRESSIONA | L DISTRICTS | OF: | | |
| Start Date: 2005-07-01 | Ending Date: 2006-12-31 | | a. Applicant | | b. Project | | |
| 15. ESTIMATED FUNDING: | 2000-12-31 | | 16 IS APPLICATION | SLIB JECT TO | statewide REVIEW BY STATE EXECUTIVE | | |
| a. Federal S | | w | ORDER 12372 PROCE | ESS? | | | |
| grand distribute and a state of the state of | CONTROL OF THE PROPERTY OF THE | 150,000 | a. Yes. Z THIS PRE | APPLICATION | APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372 | | |
| b. Applicant | CEIVED | | PROCESS | FOR REVIEW | ON CONTRACTOR OF THE ORDER 12372 | | |
| c. State \$ | 1 7 2005 | 170,000 | DATE: | | | | |
| d. Local | 1 (200) | .00 | b. No. PROGRAM | A IS NOT COV | ERED BY E. O. 12372 | | |
| e. Other STATE CL | EARING HOUSE | | OR PROG | RAM HAS NOT | BEEN SELECTED BY STATE | | |
| . Program Income \$ | SECOND LANGE RESERVE COSTO DE ESTADOS POR ESTADOS DE SECUENTE DE CONTRA DE RESERVE COSTO DE CASA DE CASA DE CA | .00 | 17. IS THE APPLICAN | EVV IT DELINQUEN | IT ON ANY FEDERAL DEBT? | | |
| TOTAL \$ | | 00 | | ^ | 1172 | | |
| 18. TO THE BEST OF MY KNOV | VI FORE AND BELLEE | 320,000 ALL DATA IN THE ADD | Yes if "Yes" attach | an explanation. | ₽ No | | |
| COUNTRY INCORPORATION | O INCREED BY THE G | IOVERNING BODY OF T | THE APPLICANT AND T | ATION ARE TI | RUE AND CORRECT. THE | | |
| TTACHED ASSURANCES IF TI L. Authorized Representative | HE ASSISTANCE IS AW | ARDED. | | | | | |
| | First Name William | | Middle N | lame | | | |
| William | | | E | | | | |
| Snyder | —————————————————————————————————————— | | Suffix | | | | |
| . Title Deputy Director For Resource Ma | | c. Teleph | c. Telephone Number (give area code) | | | | |
| Signature of Muthorized Repres | | | (916) 653-4298 e. Date Signed 5/36/10/6 | | | | |
| revious Edition Usable | | | 5/3K | 8 | | | |

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